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**CONFIRMATION NO. 5161**

SERIAL NUMBER 10/654,189	FILING DATE 09/03/2003  RULE	CLASS 438	GROUP ART UNIT 2829	ATTORNEY DOCKET NO. 100201669-1					
<b>APPLICANTS</b>  Gary R. Ashton, Eagle, ID;  Gary A. Gibson, Palo Alto, CA; Robert N. Bicknell-Tassius, Springfield, OR;									
** CONTINUING DATA ***** <div style="text-align: center;"><i>none</i> <i>du</i></div>									
** FOREIGN APPLICATIONS ***** <div style="text-align: center;"><i>none</i> <i>du</i></div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/21/2003									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; vertical-align: top;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no             35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance             Verified and Acknowledged <i>[Signature]</i>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials <i>[Initials]</i></span> </div> </td> <td style="width:10%; vertical-align: top; text-align: center;">           STATE OR             COUNTRY             ID         </td> <td style="width:10%; vertical-align: top; text-align: center;">           SHEETS             DRAWING             5         </td> <td style="width:10%; vertical-align: top; text-align: center;">           TOTAL             CLAIMS             30         </td> <td style="width:15%; vertical-align: top; text-align: center;">           INDEPENDENT             CLAIMS             3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance  Verified and Acknowledged <i>[Signature]</i> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials <i>[Initials]</i></span> </div>	STATE OR  COUNTRY  ID	SHEETS  DRAWING  5	TOTAL  CLAIMS  30	INDEPENDENT  CLAIMS  3
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<b>ADDRESS</b> 22879 HEWLETT PACKARD COMPANY P O BOX 272400, 3404 E. HARMONY ROAD INTELLECTUAL PROPERTY ADMINISTRATION FORT COLLINS , CO 80527-2400									
<b>TITLE</b> Ultra-high density storage device using phase change diode memory cells and methods of fabrication thereof									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;">           FILING FEE              RECEIVED            930         </td> <td style="width:45%; vertical-align: top;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width:40%; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____           </div> </td> </tr> </table>					FILING FEE   RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____           </div>		
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